Happy Holidays

Wishing you peace, health, and happiness this holiday season and throughout 2021.

The ESSKA Executive Board and the ESSKA Office
Special thanks

We would like to thank the Corporate Partners of ESSKA for their continuous support of our educational and scientific activities.

We would also like to acknowledge ESSKA supporters.

We really hope to resume them in a traditional format in the second half of 2021. We are also planning a new format of surgical skills training, so please check our website regularly for updates.

The ESSKA Newsletter is a quarterly publication of the European Society of Sports Traumatology, Knee Surgery and Arthroscopy.

ESSKA welcomes members to submit suggestions and contribute articles for our Newsletter.

All these organisations generously support our ultimate goal of increasing the quality of life of patients.

Want to become an ESSKA Corporate Partner? Please contact ESSKA’s Corporate Relations Manager Rik Bollaert bollaert.rik@esska.org

Editors: News from the Society

“This Christmas, New Year, the holiday season is the time of well wishes!”

In this very special time, you deserve to not only receive wishes, but also some news from your society. You should also put the things in perspective, because as you read this editorial, things continue to change. It remains challenging to project ourselves in a close future. However, your society is standing firm and its powerhouse is working hard in all aspects.

Starting with your board and your office, whose members have conducted numerous working digital reunions about education, publishing strategy, communication with affiliated partner society, development of our ESSKA European Specialists’ Core Curriculum, re-organisation and further development of our “All About Surgical Skills Courses”.

Regarding 2021 Meetings, ESSKA Executive Director Zhanna Kovalchuk and ESSKA Meetings Manager Jenny Ennis, together with our PCO KIT, scientific team and office, are working hard to deliver a great ESSKA virtual Congress in May. You will see bold and innovative ideas in action, so do not miss the opportunity to connect!

Our Specialty Days meeting in Warsaw is planned to be held as scheduled, introducing digital elements, as our time requires. Our Specialty Days meeting in Warsaw is planned to be held as scheduled, introducing digital elements, as our time requires.

We really hope to resume them in a traditional format in the second half of 2021. We are also planning a new format of surgical skills training, so please check our website regularly for updates.

Our Sections and Committees are also working hard on their respective research projects. Consensus projects are moving on well and smoothly under the supervision of Philippe Beautil, our Consensus Projects Advisor. You’ll also find some news about our revamped Academy and I encourage you to spend some time on it and navigate amongst its constantly updated content.

At least this period has shown us how important it is to have direct interaction between humans. When we discuss online, everybody is mentioning how much he/she misses the direct human contact and the socialization that goes with a scientific meeting, or course. It makes us confident that when the time comes, most of us will enjoy gathering together in a nice place to educate ourselves, share experiences, cases, little stories, shake hands, have a drink, do some gossiping…

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Dear ESSKA members and friends, Christmas, New Year, the holiday season is the time of making wishes, so I:

Wish you and yours to be well and healthy!

Wish us to definitively be rid of this virus in 2021 and resume a good life!

Wish you all the best Holiday Season.

Stay healthy, and think ESSKA!
Enjoy the **ESSKA@Home** virtual Congress from the comfort of your own home from **12-15 May 2021**. A top-class Scientific Programme spread over 4 days with the added bonus of the **Resident’s Programme** on **11 May**.

**19th ESSKA CONGRESS**

**11-15 May 2021**

**GOING VIRTUAL!**

Packed full of the most cutting edge insights into research and clinical practice in our field delivered through:

- Instructional Course Lectures (ICLs)
- Scientific Symposia
- Battle and debates
- Case studies
- Interactive Q&A sessions
- Free papers
- Posters
- Highlight and Keynote Lectures
- And much more!

**REGISTRATION OPENS ON 1ST FEBRUARY**

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Students get complimentary registration.  
* https://regonline.react-profile.org/profile/ESSKA20/ESSKA20/en/login

ESSKA members receive fantastic discounts on registration fees and many other benefits!  
**If you are not a member, join ESSKA today!**

www.esska.org/page/Membership
The orthopaedic community does not oppose non-operative treatment of degenerative meniscal lesions.

Corresponding author: Romain Seil

We have read your editorial with curiosity. Meniscal preservation is a major challenge for modern orthopaedics and orthopaedic surgeons across Europe (English, Italian, French, Spanish, German, and more). It began with recommendations of the French orthopaedic community [8] and was followed by new UK guidelines [9]. As a result, there have been changes to British regulations (which proves just how useful a scientific society can be, as a driver of efficient clinical best-practice). By contrast, your editorial was limited to a few countries, and a small number of references.

It is clear that Arthroscopic Partial Meniscectomies (APM) have been declining, and in many countries, patients with months of pain may despair of non-operative treatment, and urge a surgeon for something more active. This is a missed opportunity, but is one which RCTs ignore. Here again, consensus and “real life” studies are valuable, because they alone can correct such mistakes.

Then there is the diversity amongst healthcare systems, which makes any global approach very difficult. The type of healthcare-professionals, their availability, and their pay, these all vary from country to country. Coercion may not be the best way to limit the number of APMs. We would prefer consultation, on the basis of proper and agreed data.

Finally, it all takes time. The history of Meniscus Repair [17,18], shows that it takes many years to develop medical and surgical practice. And there is a good reason for this. Paradigms are not fashions, that come and go with the seasons. They are much more important. So we need to get them right.

In conclusion: meniscus preservation is a major issue. For Degenerative Meniscus Lesions, the first-line treatment must be non-operative. But this does not exclude APM for selected cases, in accord with international recommendations. The surgical community is not opposed to reducing APM in this context. It is only through education and consultation, and accepting the cultural differences between countries, that such a common goal can be achieved.

Needless confrontation, does not help.
KSSTA Journal Update

During the last 12 months or so, we have seen a vast increase in submissions of Systematic Reviews (SR). They are gained popularity and are more and more used in the scientific world. They are also useful, and are much cited in scientific literature. They differ from the traditional narrative reviews (or scoping reviews) in their scientific content and impact. Systematic reviews can be of different evidence levels, but the strongest ones are the level I evidence. On top of that, meta-analysis can often be added, if the included studies are relatively homogeneous. In fact, heterogeneity is the most common reason for not being able to perform a meta-analysis. The good thing with meta-analysis is that we have bigger numbers and the statistics will be stronger. One of the strongest issues about systematic reviews is that bias is (can be) minimised. This may, however, not always be the case. The final quality (and usefulness) of a systematic review depends heavily on the input. With good studies included, the outcome will be strong. With low-quality studies on the other hand, the outcome may be misleading. In other words: “Garbage in, garbage out”. We need to avoid this by all means.

Systematic reviews can in many ways be useful to assess the effectiveness of treatment and to compare treatments. They may be very useful to improve patient care. They have, therefore, become more and more important for clinical decision-making of treatment and to help create clinical guidelines with evidence.

But, there is a downside too. We have repeatedly seen great variability in the methods used and even if there are strict rules (methods) to adhere to, all too few authors do so. Because of this, all Systematic Reviews are scrutinised for methods, included studies etc. (by one method’s expert reviewer) before one of the editors makes the decision if the manuscript should be sent out for peer-review (two content reviewers). We have seen that these manuscripts are of greatly varying quality. We would like to help authors to avoid such problems and errors in relation to methods and study inclusion. We must make sure that the quality of the systematic reviews is high, as high as possible. Of course, we cannot change the quality of the included studies. Incorrect data, incorrect (or incorrectly used) methods will reduce the value of any systematic review.

Today, we can find very well-established (and well-known) guidelines related to performing a systematic review, and how to write up the manuscript, making it useful and relevant. We can mention the Cochrane Handbook of Systematic Reviews, the Joanna Briggs Institute Manual for Evidence Synthesis, and Manuals from the Guidelines International Network and the Campbell Collaboration. We need to strictly adhere to the guidelines, one such is PRISMA (much used). We also need to critically appraise the risk of bias and eliminate bias as much as possible. Doing so, systematic reviews are an important part of Evidence-Based Medicine and Evidence-Based Research.

As we receive several systematic reviews (with or without meta-analysis), we are forced to reject many already at an early stage due to incorrect methods (and we very well understand that authors in most cases have put a lot of work in conducting and writing their studies). We are planning a web-based education under the patronage of ESSKA and KSSTA to help authors write useful systematic reviews. We plan to give the course at the beginning of 2021, as a one-day course. We are currently planning the course and the following will be included: Evidence-based Medicine, systematic review of evidence, different types of reviews (e.g., narrative, scoping, etc.), inclusion criteria development, PICO, literature search, databases, protocol development, critical appraisal, bias detection, extracting outcome data, study selection, forest plots (and how to interpret, use and understand), GRADE approach and assess quality of evidence and software advice.

Please look for the detailed information about web-based course (with detailed programme, top-level teachers) on the ESSKA and KSSTA websites shortly.

Finally, we would like to mention that we now have CME Credits in place. Currently we grade all reviews and credits are based on the quality of the individual reviews. We have already informed reviewers and distributed the diplomas and we have received many positive responses.

Read more: https://www.thelancet.com/series/research

Did you Know?

ESSKA FULL MEMBERS CAN OPT TO SAVE THE PLANET AND ONLY ACCESS THE KSSTA JOURNAL ONLINE. NO MORE PAPER!

Update the field “KSSTA delivery preference” to “Save the planet – online access sufficient” or send an email to membership@esska.org with your name and the text “I wish to save the planet – online access sufficient” and we will update your preference.
There are several reasons to review a new study. When reading a manuscript, you, the reviewer, have the privilege of being the first to know and understand the latest results of the investigations and also keep yourself up-to-date (not only because of the manuscript review, but also its references). Level 5: Opinion (most Case Reports are Level 5).

1. Title: The title should be not too long, and it should say something. It should not be a technical description. It should contain the results and conclusion of the study in 1-2 lines (not more). Never use a question in the title.

2. Abstract: It should be of proper length (many journals restrict the length to 250–300 words), should contain administrative parts, like the most important methods and results and also level of evidence. Purpose and hypothesis should also be given here. At the end of the abstract, conclusion and clinical relevance should be provided.

3. Introduction: Keep it short, one page only is a good rule, or even shorter. You should avoid writing the ‘good, old things’, like... hip fractures are very common in elderly women... everybody knows this and journals are not asking for old news, quite the contrary. It should raise the question “What is new and most important finding, and how is this study useful in clinical practice?”. A clear hypothesis should be given in the last paragraph. Multiple hypotheses bring problems with understanding and complex statistics, so try to avoid multiple aims and multiple hypotheses. This will almost invariably lead to trouble.

4. Material and methods: First, start with the IRB approval. And, you should end with the statistics, where you describe all the statistical methods that were used. This must include the sample size calculation, which is very important. Enough subjects (patients or what is needed) should be included and not too many. If fact it is unethical to have too few patients (type-II statistical error) or too many patients (type-I statistical error). Always bear in mind that a statistical correction (Bonferroni) for multiple testing may be needed (in between IRB approval and statistics, you should check the methods, and all methods should be described in such a way that the study can be repeated by another researcher). Finally, check the accuracy of the measurement methods.

5. Results: An important question is: do the results match the methods? When reporting results, accuracy is important, check for decimals (usually multiple decimals are not relevant or useful. As a good rule, one decimal is enough). P-values should be checked and they should be no more than two decimals (e.g. p=0.05, not P=0.00089). Non-significant p-values can be given as (n.s.). The reason for this is that p-values are not a scale, either the p-value is statistically significant or not. One important point is that if the results are too good (“if something is too good to be true, it is most probably not true or cannot be confirmed”). Hypothesis should be confirmed or discarded. Discussion should contain a paragraph of limitation and clinical relevance of the study, close to the end.

6. Discussion: First paragraph of the discussion section should highlight the most important findings of the study (this may be the only part some readers read). Discussion should not be too long; not more than three or four (max) pages. It should not be like a review of literature, (authors don’t have to tell the readers everything they know and they should not repeat information in the Introduction). Hypothesis should be confirmed or discarded. Discussion should contain a paragraph of limitation and clinical relevance of the study, close to the end.

7. Conclusion: It should contain the new information that was found, nothing else. It should not be “...based on these findings, we believe”... This section should be short and concise; one to two sentences is enough.

8. References: References should be relevant and up-to-date. Classic papers may be needed, but should be limited.

9. Figures: Those should be of good quality and limited in number. You, as a reviewer should check for repetitions (check results and tables). Sadly enough, authors often submit figures of low quality, such as low-testa MRI and drawings done by amateurs. You should always check the legends to a figure; is it meaningful and does it describe what was found? Same with tables.

10. Tables: Tables are always good, but they should not match the methods? They should be a compliment and can be used to give the details of a study. Abbreviations should be explained in detail.

As an overall review, please check overall scientific quality - is there anything new and exciting? Does the study fill a gap in literature? Also check its clinical relevance and usefulness. Check its scientific writing and language. Your task the reviewer is not to correct spelling errors, but you should point out for instance that ... English needs improvement...

Here we propose some more tips for you as a good reviewer; it is up to you to decide:

• Take time is crucial to understand what the authors make. It is recommended to read the manuscript quickly first, then rest on it and thereafter read it in further detail a few days. Then you should go deep (i).

• Always be honest. Do not accept to review manuscripts if they do not belong to your field, or at least inform the editor that your contribution will be related to the form and the structure rather than the content.

• Be clear and concise. Write simple sentences and try to be understandable. A good review does not need to be long.

• Be structured. Follow the same order and make comments for each section. Do not jump from one part to the other.

• Take a look at the references. Although nobody expects you to know all the referred works, you can randomly select and read some of them to check if they are properly referenced (this is often a problem).

• And always remember to be empathetic, constructive and polite. The next day, it is your own paper that will be reviewed.

You should not do the following:

• Do not make wrong considerations and for wrong reasons. The manuscript files are often long, with tables and pictures at the end of files. Do not recommend to insert a table that already exists.

• Do not bebiased. Don’t accept to review a manuscript written by your friend (accept with minor revision) or by your worst enemy (reject with shame); don’t do this, as it is very unethical.

• Do not be an opportunist. The reviewer could suggest inserting references to his own studies. Doing this without any good rationale should be avoided.

• Do not follow incorrect guidelines. Reviewers often perform reviews for several different journals (they all have different formats), so to make consideration following the instruction of another journal is embarrassing.

• Do not miss the deadline. Reviewing is a time-consuming activity, but respecting deadlines is crucial for maintaining the quality of the journal.

We hope that by following these simple rules, all young researchers will have the opportunity to become the guardian angels of their editors, improving their scientific knowledge and helping authors to publish high-level studies.

REFERENCES

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My first year as Editor-in-Chief of JEO has just ended. It was, undoubtedly, a difficult year but the satisfactions that this new experience gave us were priceless. I would therefore like to share with you the success we achieved and also make you aware of upcoming events.

The most important news is that the number of papers submitted to JEO in 2020 (around 150) has more than doubled compared to the previous year. A partially unexpected growth, which shows that authors started to be aware of the scientific value of our journal, and appreciate the advantages that we offer to researchers who wish to publish with us. To date, we can tell that the timeframe from submission to first decision is less than 30 days, and only a few days between the submission of the last revision to acceptance. At the same time, we have managed to maintain a high scientific quality of the papers, and JEO is likely to receive its impact factor soon. This will more prominently place our journal at the level of other appreciated journals in the field of orthopaedic research.

All along this year, ESSKA has been offering various waivers, vouchers and discounts with the aim of supporting researchers who wanted to publish in JEO. We would like to thank our partner - ON Foundation – for supporting the publications dealing with Covid-19 effects on orthopaedics, and papers on cartilage.

International expert researchers and professors have been invited to write articles on specific hot topics; some of these articles have been collected in the 2020 Special Issue, while others have been published individually. I would like to sincerely thank the authors of these manuscripts, in particular, my three fellow editors Jón Karlsson, Bruce Reider and Edward Wojtys, with whom we compiled an interesting interview on methodology in orthopaedic research. Once again, I invite you all to read that interview and keep in mind the suggestions gathered there. I would like to thank Jón Karlsson also for the wonderful collaboration KSSTA is providing. The best manuscripts rejected by KSSTA editors, not for methodological shortcomings but for misunderstandings in aims and scope, are now recommended to JEO, and I can personally contact the authors and encourage them to transfer their papers to JEO. This ‘cascade from KSSTA’ has increased along the year, and one of my goals for 2021 is to be able to reward the best of these manuscripts with a special offer. Please, follow us for more information on this early 2021.

In the last months JEO has also made big and quick steps on the web and social media. The journal has now a new website, where authors and reviewers can find dedicated pages. Please check what we do on Facebook, Twitter and Instagram where we also promote our best papers.

If I look to the future, my main wish is to increase the number of faithful and willing reviewers, as our plan is to shorten the publication timeline even more. ‘We want you!’ Uncle Sam would say. Thanks to ESSKA, we can now offer CME credits to reviewers for their valuable work, so please consider. My second goal is to reward reviewers with special invitations to lectures or training courses. I believe that being a reviewer for JEO could be an excellent opportunity for our young colleagues to enter the world of research and develop critical thinking towards evidence-based medicine, that is a fundamental skill not only in research but also in everyday clinical practice.

Register here and be part of our journal, you will be welcomed!
What was the reason for you to get interested in sports medicine?

My motivation to study medicine was closely related to the wish to become an orthopaedic surgeon and, moreover, a sports surgeon from the very beginning. This was related to my love of sports through my activities as a handball player and my early frustrations related to sports injuries many of my teammates and I had to suffer from. The importance of sports was anchored in my genes, with my father being very active in sports and sports organisations. He had to give up sports very early in life and later became a sports journalist covering Olympic games and FIFA world cups in the 1970’s and 80’s. With a medical and paramedical background coming from my mother’s side, the mix is easy to understand.

Interestingly, sports seem to be the common denominator in many members of our organisations with a background of sports medicine. In a strategic meeting that we held with the leadership of the German speaking sports trauma association (GOTS) in 2018, we noticed that all of us - without a single exception - had a strong personal relation with sports in the early stages of our lives.

Who were your mentors?

A quote by Benjamin Franklin says, “Tell me and I forget, show me and I remember, involve me and I learn”. That’s probably what summarizes a good mentor and, in retrospect, I can identify several of them throughout every stage in life. From a private perspective, it starts with my parents, some teachers and coaches and later my wife with whom I share a mutual mentorship relation for several decades now. A highlight is when your kids start mentoring you, for example, when it comes to social evolutions you’re not really into, like social media etc.

I was lucky to have several professional mentors at each stage of my professional development. I remember one of my early teachers in Belgium giving me a bunch of Arthroscopy Journals in the early 90’s that I discovered with great interest to a point that I read Steven Burkhart’s famous article describing the suspension bridge model of the rotator cuff on the beach during my honeymoon. Later, at Saarland University Hospital in Homburg/Germany, our colleague Prof. Stefan Rupp, an excellent surgeon scientist, taught me a lot about surgical research and publishing. He helped me to design my first studies and without him I would not have been able to publish my first articles in KSSTA, the American Journal of Sports Medicine and the Journal of Arthroscopy.

In 1996, Prof. Dieter Kohn became chairman of the Department of my University. Dieter was a great clinician and teacher, an excellent surgeon-scientist, and an internationally well-known pioneer in arthroscopic surgery. He took me and several other young colleagues like Michael Dienst, Dietrich Pape or Henning Madry (who are now well-known for their pioneering work in hip arthroscopy, knee osteotomies and cartilage research respectively) under his wing and formatted us from a clinical and scientific perspective through his leadership, rigor and discipline. It was Dieter who also provided us with possibilities to attend international congresses like ESSKA or ISAKOS, and to participate in exchange programmes like travelling fellowships. Under his guidance, I was lucky to be selected for two travelling fellowship programmes. The first programme was the first ever exchange between AGA and SFA in 1996 that Dieter had initiated himself; the second was the extraordinary successful AGA-Pittsburgh fellowship exchange programme initiated by our ESSKA Past President Prof. Karl Peter Benedetto and Prof. Freddie Fu. The time spent in Pittsburgh was awesome. Not only because I went there with my young family (our youngest was two months old), but also because of the outstanding facilities at UPMC in research and medicine as well as Prof. Fu’s extraordinary leadership and generosity.

What was the reason you joined ESSKA?

Pure coincidence! My mentor Stefan Rupp was not able to travel to the ESSKA Congress in Nice in 1998, so he sent me there to give his free paper presentation which dealt with the mechanical performance of human BPTB-grafts during the avascular period early after implantation. So, the fact that he could not travel made me discover ESSKA and immediately feel attracted by the society and the professional values it represented. After the Nice Congress, I applied immediately to become an ESSKA member. This was confirmed two years later in London where I presented several studies both from my work in Homburg and in Pittsburgh. This set the basis for my later selection as ESSKA-AOSSM travelling fellow in 2003 with Patrick Djian from France, Gianluca Camilleri from Italy and Pierre Chambat as godfather.

When did you get involved in the Board of ESSKA?

At the ESSKA Congress in Rome, Pierre Chambat and the incoming President Karl Peter Benedetto wanted to include young colleagues in the Board. That’s why the leadership at that time (including also Daniel Fritschy and Neil Thomas) chose me as the General Secretary and João Espregueira-Mendes as Treasurer to help restructure the society.

How was the society at that time?

Much smaller and very different than it is today. Although the flagship activities like the biennial Congress, the ESSKA journal and the ESSKA-AOSSM travelling fellowship already existed at that time, many of the activities existing today had not been developed and the leadership had no or only very little professional support. We had no staff, no promotional material, no decent homepage. We did not even have a correct mailing list of our members.

How has ESSKA changed since you first joined the society?

Dramatically! In the good sense, of course. From 2002 to 2004 we worked very hard to reshape ESSKA’s economy in order to establish financial security for the years to come. This worked through a mid-term congress commitment with Intercongress, our former PCO. That basis allowed us...
starts to work increasingly well. This is the first European registry in orthopaedics, and I am proud to have brought this under the umbrella of ESSKA. But we need to work hard to improve it on a daily basis. Fortunately, we have found a great team to take care of it with Caroline Mouton from Luxembourg, our Basic Science Committee Chair, and Havard Moksnes from Oslo in the lead. Besides this, I was planning to organise the conference ‘The Meniscus’ in Luxembourg in 2021, which we decided to postpone to 2022. Likewise, I am currently the President of GOTS where we just edited the first German-speaking book on sports injury prevention, and I am heavily engaged in Reform, the French-speaking network of the IOC research centres for the prevention of athletes’ health. In Luxembourg, I am also contributing to LIHPS, our newly created Institute for High performance in Sports, I am the President of LIROMS, a new ESSKA’s affiliated society, and recently became director of the division of musculoskeletal diseases and neurosciences in my hospital. This keeps me busy.

How do you see the future of ESSKA?

ESSKA has equipped itself with the necessary tools to remain successful in the future. As long as it has committed and hard-working scientific and administrative leadership which believes in collective intelligence and which can think at a supranational level, I am not worried for the future of ESSKA. It is a strong brand with an increasingly global footprint producing high-level orthopaedic science in a spirit of friendship and collaboration. Over the last two decades, we worked hard to get there and I hope that it will remain that way. As for now, with the current leadership, this is guaranteed for many years to come.

In what direction should the society move / What steps do you believe, as a society, should undertake?

I do not think that ESSKA should make significant changes to its direction. Over the years, the profile of ESSKA has slowly evolved into a society for joint surgery and orthopaedic sports medicine. Although the knee is still the strongest joint represented in ESSKA, other joints have become increasingly represented. Historically, this was due to the transversal approach which was brought through the ‘A’ that stands for arthroscopy in the name, a technique that started in the knee and then subsequently conquered one joint after the other. This transversality fits well with orthopaedic sports medicine, which is transversal by nature. A good guide for ESSKA’s future development is therefore the recently established Core Curriculum that defines the 285 ESSKA competencies.

What advice would you give to the young generation?

To stay curious, open-minded and critical in whatever they do. But also, to remember where we come from. My generation grew up in the cold war and was still heavily affected by what happened to the generation of our parents and grandparents. Then came the end of communism and Europe suddenly got the opportunity to grow together. Unfortunately, and for many reasons, this was not managed in the best way by our political leaders. This job is not finished and that’s where our young generation can make a difference on many different levels. ESSKA is the perfect playing field for such an endeavour.

What is your passion outside of medicine?

I was too busy over the last three decades to cultivate a real passion outside of medicine. But I love doing a minimum of sports (jogging, hiking and alpine skiing), travelling with my family and visiting museums, historic places and cultural exhibits. I hope that I will find more time in the future to read and maybe also for my early passion of photography.

I assume you are pretty busy. How do you manage for reconciling work and family life?

I guess the secret is that I was lucky to find the right partner in life. Katy and I met when we were medical students, and we have kind of grown up together, as a team. As a psychiatrist for children with a systemic orientation, she got used to managing all kinds of family problems. She brought these skills into our relationship to guide us through various phases in life. In addition, it was mainly she who took care of our two daughters and who managed our home. So, she worked at least as hard as I did, and we were lucky to never lose each other. You understand that I owe her a lot and that she owns a big part of my professional success.

Thank you Romain, it has been a pleasure speaking to you!

6. With Katy at the 2019 ISAKOS Congress in Cancun
7. With Katy at the 2019 ISAKOS Congress in Cancun
8. Awarded Honorary member at SISGDIO 2018
9. With colleagues Stefan Rupp (left) and Dietrich Pape (right) at Dieter Kohn’s retirement ceremony
10. With Katy on a boat trip in Arcachon, France
ESSKA-AFAS looking forward to 2021

This year was not as we expected that it would be, and now that the second wave is hitting Europe it is not sure how soon things will become normal again. For us as ESSKA-AFAS Board, this is an exceptional challenge. Instead of meeting old friends, seeing our new board members we are now staring at our computer screens from our safe offices and communication became virtual. We all do miss the meetings, since these meetings are extremely important for us as a group. Share knowledge and ideas is best done in live settings and the atmosphere of being with ESSKA friends somewhere in Europe is part of the ESSKA foundation. But times will change again and regular meetings will be the new normal again, and we do hope to see you in person at ESSKA Specialty Days in September 2021.

As ESSKA-AFAS, we organised highly specialized sessions on injuries of the athlete’s foot and ankle. Session on peroneal tendon injury, lis franc injuries, instability and cartilage damage. We also re-introduce the old-fashioned case discussion, in which participants can bring their own cases. By then we really want to interact again with fellow ESSKA members.

We also look forward to welcome all AFAS members at ESSKA’s virtual Congress in May 2021.

We are now working hard on the next events in the coming period. First of all, the ESSKA webinars have been launched. Short concise webinars filled with specialized information. For the coming autumn and winter, I can imagine us sitting behind the fireplace with a good glass of wine watching these. In my opinion that should beat Netflix! But the smaller ESSKA’s ‘All about...’ courses can probably also start again in 2021, we have planned two sessions so far.

Beyond that the preparations for the biennial Congress in Paris in 2022 have also started. Any input from our members regarding topics are more than welcome. Remember every cloud has a silver lining and at a certain point corona will pass. We are now working hard on the next events in the coming period. First of all, the ESSKA webinars have been launched. Short concise webinars filled with specialized information. For the coming autumn and winter, I can imagine us sitting behind the fireplace with a good glass of wine watching these. In my opinion that should beat Netflix! But the smaller ESSKA’s ‘All about...’ courses can probably also start again in 2021, we have planned two sessions so far.

ESSKA-ESMA: looking forward to 2021

We are facing now hard times and fighting an invisible enemy that is menacing our health and challenging our social life. Humanity has survived in the past similar pandemics and we should be confident that there will be a positive end to a real nightmare. The way out is through the respect of the rules we have learned to stay safe. But we are also living beings who need physical activity to stay healthy. This is why sports exist and are practiced worldwide. We all have observed the detrimental effects of the lockdowns on the population and are, therefore, aware that there is now an even higher need to promote a healthy physical activity. Our mission is to make safer sports practice, working on proper prevention and management of sports injuries. We are thus inviting all those working in the field of sports to follow more closely ESSKA-ESMA; we are favouring more connections between the different categories of professionals working in the same field. So, sports medicine doctors, orthopaedic surgeons, trainers, physiotherapists and sport scientists – you are invited to join us to improve our common knowledge and help athletes to stay healthy and safe.

ESSKA-ESMA is active scientifically in different ways: publishing books, booklets, papers on new studies, organising focus groups, webinars, surveys, consensus meetings and courses for team doctors and other professionals involved in sports activities.

Next year we will present two booklets: one on Art and Sports focused on Dance, Martial Arts and Bull Fighting. The editors are Henrique Jones and Angelina Lukaszenko. The other on Epidemiology of Injuries in Different Sports, with Gian Luigi Canata and Henrique Jones as editors: 100 authors experts in their specific field covering 24 different sports. Other ESMA articles, starting with muscle and tendon injuries topics, will be published in the ESSKA newsletters.

ESMA members will be also invited to join Focus Groups to study specific topics: Achilles tendon injuries, ACL lesions in the growing athlete, Ethics in Sports. Return to Sports after Ankle Ligament Injuries, Return to Sports after ACL reconstructions, Return to Sports after Stress Fractures, Groin Pain, Management of Hamstring Injuries, Personalized Prevention of Injuries Depending on Sports Practice. You are free to select the topic you find the most interesting. Join us!

ESMA will also organise three webinars in 2021 on Patellar tendinopathies (21 April 2021), Achilles tendinopathies (14 July 2021) and Paediatric ACL (27 October 2021). More information is available here.

Warsaw will host the next ESSKA Specialty Days, 3-4 September 2021. The ESMA sessions will focus on Sports Injuries in Children and Adolescents: the best international experts will discuss in six sessions on Prevention of Injuries, Overuse Injuries, Knee Injuries, Muscle and Tendon Injuries and Return to Sports.

Participants will experience a full immersion in a wide range of topics breathing the most updated knowledge in the field. Free papers are very welcome. Eighteen of them will be included in the different sessions and discussed together with the main presentations: you all are invited to participate actively.

Young athletes play adult sports inside growing bodies without the experience of adults and are exposed to specific even serious injuries that could be better prevented than managed. This is a clear example of the importance of the interaction between all those around the young athlete like sports medicine physicians, orthopaedic surgeons, sports scientists, physiotherapists and trainers that will get better results in their respective roles establishing a more common language and improving cooperation.

These ongoing ESMA activities are open to all of you interested in the field of Sports Medicine - exchanging knowledge is the best way to improve! Come, join ESSKA-ESMA!
Proud, grateful, honoured and optimistic. Those are the words that come first in mind as leaving Chairman. We are living in challenging times, we have multiple crises in the world, of which COVID-19 is the one currently impacting all our lives and my thoughts go out to all direct and indirect personal suffering because of it. COVID-19 also united us in several ways. United, EKA published insights on the impact together with EHS and AAHKS. All good things evolve from collaboration. That is why I am proud, grateful and honoured to see this work at the end of my term. But I also see a lot of exciting things happening in the world. Things that were already happening before COVID-19 hit us. This is another reason why I start this letter with: Proud. My chairman period was during the first years of the fourth phase of the industrial revolution, which I find exciting. After around 250 years we closed the third phase (Introduction of the Computer) and entered the fourth. A new period that will also signal a new era in surgery. A few words from the ESSKA-EKA Past Chairman

I plea for looking forward instead of through the rear mirror, and approach the potential of Data Driven Healthcare in different ways than we are used to in traditional orthopaedics. We are adding software to our traditional hardware. I believe in a care system where the Patient is really in the centre, while we are at the forefront of innovation. Then, all our patients receive tailor-made care, and we, as care providers, learn continuously and directly from all decisions that we make. We have technologies at our disposal that facilitate the maximum synergy between doctor and technology.

In my practice working with Robotic-arm Assisted Surgery and a data platform, I have insight on how I am doing in most of the process steps in all my arthroplasty surgeries. This digitisation gives me the possibility to look for possibilities to improve and to compare my outcome to my average or a benchmark.

With Robotic-arm assisted surgery, we now mostly talk about: Semi-active systems. These utilise handheld or controlled, forced robotic assisted devices, e.g., MAKO or Rosa. Or we use navigation during surgery with techniques like Navio. But from a DATA point of view we might need to look to the more significant offering of Computer Assisted Surgery and see the DATA possibilities also in the smaller solutions like Patient Specific Instrumentation.

Yes, I also keep working on improving ‘regular’ aspects in Fast track surgery or a surgical approach. But I also want to use the opportunities that we have in this new era we live in. I hope you all join me in shaping orthopaedic surgery into this new and exciting era.

When one door closes, another opens; but we often look so long and so regretfully upon the closed door that we do not see the one which has opened for us.” A famous quote by Alexander Graham Bell. If we look at the COVID-19 pandemic, I have the feeling that EKA and EHS did not look long at just one door. Together we immediately opened a few others and started working on multiple projects to help to deal with the COVID-19 crisis. Together we started working on recommendations and getting data on the impact around the globe from an orthopaedic perspective. The excellent proof of this collaboration is a series of publications on the effect, the preparation for resuming surgeries, preparation for the next wave, ethical implications and so on. ([1, 4])

These publications tightened the already existing EKA-EHS collaboration and will bring us more supporting output soon. To be more precise, EKA started a project on fast-track surgery to improve the patient experience of care (including quality and satisfaction), leading to reducing the per capita cost of health care and meanwhile improving health care workers satisfaction, this was an EKA, EHS and AAHKS collaboration. We also started the next round on supporting the orthopaedic community in dealing with COVID-19 since the second wave is currently happening in multiple countries. Since we are in a situation of lifelong learning, it is of great importance to keep on sharing experience and knowledge during this COVID-19 pandemic. We believe that in the forthcoming period EKA and EHS will reinforce each other even more due to the unanymity that comes from dealing with a crisis, but also from seeing opportunities.

ESSKA-ESA looks forward to 2021

We are at the end of this strange year which brought to us new experience of living. Facing the feeling of being powerless and having many restrictions in our life, we are at the same time trying to respond to the challenges and maintain our activities, interests and relationships. All this is true for our private life and for the activities of ESSKA, and ESA Section as well.

In the last few months we faced the challenge of how to stay connected in the current situation. We accepted the benefit offered by digital and virtual technology. The digital meetings become nearly everyday practise. We realised that in this way we can stay in contact, but it is difficult to be connected, quoting ESSKA President Jacques Menetrey from the presidential editorial of the September ESSKA newsletter.

In this regard, to stay connected and active we organised a Closed Meeting for ESA members in November. I hope you enjoyed this event and the opportunity to see each other. In fact, this has been the only possibility since March to be together, even though virtually.

Education is one of the most important drivers of our society and also one of the most important benefits that could be offered to the members and larger audience. Internet based education was not the lead priority of our activities until now. The situation, when many meetings were cancelled or postponed, made us to accept the next challenge of web based educational events. As you know, ESSKA has successfully begun a series of webinars and ESA’s one - “First shoulder dislocation” - will be discussed from many aspects and I believe that this will be a great educational experience for all of us. This is just the first in line of our shoulder topic webinars, and there are more to come next year.

The next task for ESA will be the organisation of our meeting within the ESSKA Speciality Days in Warsaw, Poland, on 3-4 September 2021. Many of us who attended this brand-new format of scientific event in Madrid 2019 felt the success in terms of scientific value and social networking. ESA is preparing the meeting which will be at least on the same level. Along with the ESSKA virtual Congress, this will be our main event next year and I am inviting you already to join us! We expect that the agenda next year will be full for all of us, so it is now the time to save the date. ESA topic will be, as you already know, Anterior Shoulder Instability. The Scientific team wants to show that this is actually one term which hides a broad spectrum of pathology. We expect that the programme will give us up-to-date information about scientific evidence and how it correlates with expert opinion. The mainstay will be again practical tips about key points of different surgical procedures and case-based discussions. Our main goal is to keep the interactivity and friendly atmosphere of the meeting.

How to stay connected, and not just in contact?! It is actually the main challenge for us all... We remain open to your ideas and are thankful for your initiatives and cooperation. We strive for our activities to be an answer to the challenges of your professional life.

I hope that expiring year was successful for you, at least in some areas of your life. Think about the moments which enriched you and keep them in your memory. I wish you very nice festive month of December and hope you enjoy the holidays.

ESSKA book included in Doody’s Database

The inclusion in Doody’s Database will offer even greater visibility to the book and represents a further acknowledgment of its high scientific value.

Congratulations to Editors: Nuno Sampaio Gomes, Ladislav Kovačič, Frank Martetschläger, Giuseppe Milano, and the many ESA authors that collaborated with their quality content.
The use of social media for a scientific organisation.
Beyond “likes” and “shares”

Introduction
Since the beginning of 2019, the ESA communication taskforce has incorporated the use of social media. European Shoulder Associates, as well as the other ESSKA Sections, used their Facebook pages to communicate with members and interested parties. As far as the interaction with social media and the possibilities these platforms can offer to the members of a scientific health organisation, not only for a scientific purpose but also to keep our network and many friendships alive. However, use should be controlled, follow specific goals and guidelines, and monitored to avoid some traps.

What is Social Media?
Social media are interactive computer-based technologies that accommodate the sharing of ideas, thoughts, information, and other forms of expression via the connection of virtual networks and communities. By design, social media are internet-based and offer the users quick-expression, communication, and popularity of the content shared. Content includes personal or professional information, announcements, documents, videos, and photos. Users engage with social media via a personal computer, laptop, tablet, or smartphone via web-based applications or software, often utilizing it for messaging.

Understanding Social Media
Social media originated as a way for someone to interact with family and friends, but later they were adopted by businesses that wanted to take advantage of this new popular communication method to reach out to customers. The power of social media is the ability to connect and share information with anyone, anywhere, or with many people simultaneously. User-generated content such as text posts, comments, photos, videos, and every other possible data and the online interactions to it, is the lifeblood of social media.

The users that engage with social media platforms create highly interactive communities through which individuals or organisations can create, share, discuss, and modify user-generated content posted online. Networks formed through social media change the way that people or groups interact and communicate with each other. They introduce substantial and pervasive changes to communication between organisations, communities, and individuals.

Differences from traditional media
Social media differ from paper-based media and traditional electronic media such as TV and radio broadcasting in many ways, including quality, reach, frequency, interactivity, usability, immediacy, and performance. Social media operate in a dialogic transmission system (many sources to many receivers), opposite to traditional media, which operates under a mono-logic transmission model (one source to many receivers). Some of the most popular social media, such as Facebook, Twitter, YouTube, and Instagram, help the interaction of over 300 million registered users daily.

Influence of Social Media
According to Statista, a German company specializing in market and consumer data, in 2020, it is estimated that around 3.6 billion people are using social media around the globe. This number was 3.4 billion in 2019, and it is expected to increase to 4.4 billion in 2025. (8). These numbers make social media a perfect marketing tool for personal, institutional, or business use because they are fast, inexpensive, and address a broad audience, which can interact. Even governments use social media to interact with citizens, to foster citizen participation, to further open government, and to analyse or monitor public opinion and activities.

Concerns
Establishing a strong digital presence and online reputation can be a strong source of new members and should become even more important in the future. However, ethical and privacy issues have been raised as far as the use of social media for marketing of scientific health organisations is concerned. These concerns frequently focus on the potential for negative repercussions resulting from the breach of patient confidentiality. Protecting a patient’s privacy is often more difficult than might be expected. A study of medical blogs written by health care professionals found that individual patients were described in 42% of the 272 samples studied. Of these samples, 17% were found to include enough information for patients to identify themselves or their providers, and three had recognizable photographs of the patients. (9) This could be a drawback, especially, for a scientific organisation with specific specialization, because the “interesting” difficult cases probably can be recognised by the patients. This is perhaps similar to publishing such a case to a scientific journal. However, considering the broader spectrum of social media followers, this makes the need for collecting the patient’s consent a critical issue to consider when publishing in social media.

Nevertheless, the main criticism of health information found on social media, as well as other online sources is the lack of data quality and reliability. The medical information may be unverifiable, incomplete, or informal and surely is not peer-reviewed. Mostly, they are dependent on the goodwill and the trustworthiness of the person responsible for the post and the page administrators that can check, correct, or discard a post. Social media followers may also be vulnerable to the pitfalls of interest that they have not referred to anywhere.

To solve the problems mentioned above, the ESA Board, assigned this task to a communication task-force composed of one quintet, eight members. These members are young and enthusiastic members with adequate scientific posts should be retained in such a balance that only if they enjoy the context, they react, making it more successful. Every surgeon experiences much pressure in his everyday schedule, and he/she uses social media in a way that is enjoyable to him. The rate between social and scientific posts should be retained in such a balance that makes the context more attractive.

Challenges
Starting from 31 August 2020, the ESA communication committee raised the number of posts, setting more specific assignment to its members. Even if it is too early to draw any conclusion, statistics showed positive trends by increased popularity and interactions.

The challenges for the next period (2020-2022) are to keep pushing the stats up in terms of new interactions with registered members and to build more interactions with other health professionals and other scientific organisations with similar involvement. One step ahead could be interacting with patients. However, this policy could be protected with regulations, and discussion should be done to determine the scope and weight the pros and cons before launching.

The setting of realistic goals (not having expectations for an immediate influx of new members), and the use of social media platforms to promote other common characteristics between members (apart from the common professional and scientific interest), building a more “friendly spirit” may be the main scope. This strategy could be surprisingly more effective than offensive marketing strategies.

Conclusion
Social media provides a platform for direct communication between your members. Often, the number of likes or followers used to measure social media success. As far as the content is concerned, the posts with presidential presence, accompanied by photo or video from the section’s Chairman, had attracted 2-3.5 times more followers than the average posts. The content posted during events (congresses and courses) had 2-4 times more engagement than the average. Also, these posts had the most comments and on average had more likes, shares, and interactions. The power of social media is the ability to connect and share information with anyone, anywhere, or with many people simultaneously. User-generated content such as text posts, comments, photos, videos, and every other possible data and the online interactions to it, is the lifeblood of social media.
But this narrow focus misses the opportunity arisen of communication, relationship development, content distribution, and brand visibility. It is undoubtful that social media falls under the umbrella of marketing. However, our travel in the land of social media showed that it is more about member connection, especially in helping already built relationships. Under this perspective, this way is ideal for sharing knowledge.

Social media users love visual content. Viewers are much more times as likely to remember a message if it is paired with a relevant visual than the text alone.

The "social media age" is here and will not be going away. Scientific organisations should engage, maximize opportunities for their development, to improve the communication with their members and between their members. Its power to communicate openly, with wide-reaching access worldwide and at a rate faster than ever before, makes it a formidable force. When used wisely and prudently, social media platforms offer the potential to promote the organisations’ development and advancement. Specific guidelines, discussion, scope definition, and committees that care for monitoring the quality, reliability, confidentiality, and the appropriate use are necessary.

REFERENCES


Do you have questions about your ESSKA membership? Our FAQ page will provide many answers. More questions? Contact us at membership@esska.org

MEMBERSHIP FAQ

For more information visit esska-specialitydays.org
E-mail: esska-sd@kit-group.org

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**TOPICS FOR ABSTRACT SUBMISSION**

- **Sports Related Injuries in Foot and Ankle – Optimising Management of Tendon, Cartilage and Ligament Injuries**
  - AFAS
  - Peroneal Tendon
  - Achilles Tendon
  - Lis Franc Injury
  - Instability and Cartilage
- **Intra- and Perioperative Complications in Degenerative Knee Surgery**
  - HTO
  - UKA
  - TKA
  - Revision TKA
- **Anterior Shoulder Instability – Diagnosis and Treatment**
- **Adolescent and Pediatric Sports Injuries: What is Changing? Best Treatment and Prevention Options?**
- **Basic Science**
- **Diagnostic Methods**
- **Radiological Investigations**
- **Non Surgical Treatment**
- **Surgical Treatment**
- **Clinical Case**

**REGISTRATION FEES**

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**Late Registration**

- 4 August – 2 September 2021

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**Onsite Registration**

- 3 September – 4 September 2021

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* Registration subject to proof of membership. ** Proof will be requested during the registration process. Polish VAT at 23% is included.
AFAS — Ankle & Foot Associates

Report from the AFAS-Ankle Instability Group Consensus Meeting on Medial Instability

Focus on Achilles tendon rupture and reconstruction

Update on peroneal tendon pathology

Update on cartilage repair of the talus. Where are we today?

A dedicated session on Lisfranc injuries, with Chris Digiovanni.

Dedicated sessions on specific foot and ankle injuries in sports

International experts ensuring lively debates

ESA — European Shoulder Associates

How to approach Anterior Shoulder Instability – one diagnosis hiding a broad spectrum of pathologies

Up-to-date information on current scientific evidence and expert opinions

Clinically relevant insights into management – from first-time dislocations to complex and revision problems

Relive surgeries – key practical points for procedures

Interactive case-based discussions

EKA — European Knee Associates

How to avoid intra- and perioperative complications in HTO, UKA and TKA?

How to solve problems in osteotomy surgery?

Robotic TKA. Hype or future gold standard?

Tips and tricks in revision total knee arthroplasty

Interactive discussions of demanding and challenging cases

ESMA — European Sports Medicine Associates

State-of-the-art of prevention and management of ACL injuries in adolescents

Update on return to sport after ACL injuries in children and adolescents

Presentation of the ESSKA Pediatric ACL Registry

Insight into the best management of chondral and meniscal injuries in adolescents including return to sport

Prevention and management of overuse injuries in children and adolescents

Dedicated sessions on specific knee injuries in children and adolescents with insight into return to sport
## Friday, 3 September 2021

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### Opening by ESSKA President and Scientific Programme Chairs

- **AFAS**
- **EKA**
- **ESA**
- **ESMA**

### Coffee break - Hot Topic Debates

### Lunch break - Hot Topic Debates

### Sharing the "Take Home Messages" of Each Section

### Closing Ceremony by ESSKA President and Scientific Programme Chairs

## Saturday, 4 September 2021

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### Coffee break - Hot Topic Debates

### Lunch break - Hot Topic Debates

### Sharing the "Take Home Messages" of Each Section

### Closing Ceremony by ESSKA President and Scientific Programme Chairs

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- Chris Pearce
  - Singapore
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  - Italy
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  - Portugal
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In October 2020, ESSKA launched its online education through a highly successful series of webinars

Highlight webinars include hot topics from the field and

Core Curriculum webinars include topics from ESSKA’s European Specialists Core Curriculum.

Click here to REGISTER for ESSKA’s webinars

We have prepared an extensive educational programme for you for 2021-2022, so mark your calendar!

We look forward to meeting you online!

---

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<td>Periprosthetic Infection in TKA: What is new?</td>
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<td>Multi-ligament knee injuries: from emergency department to final treatment</td>
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ESSKA would like to thank its corporate partners and sponsors for supporting these 2020 educational programmes:

**ESSKA ARTHREX Sports Medicine Fellowship**

**ESSKA DePuy Shoulder Arthroscopy Fellowship**

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The UK Non Arthroplasty Hip Registry: An Overview

Introduction
Over the last two decades, there has been a significant increase in the number of hip-preservation procedures being performed [1-3]. Despite the rise in hip preservation surgery, in contrast to joint replacement surgery [4], there has been a lack of outcome data outside of small scale published series from high volume centers. Secondly the effectiveness of these procedures i.e. hip arthroscopy for femoroacetabular impingement or peri-acetabular osteotomy for dysplasia are not well studied and reported. The UK Non Arthroplasty Hip Registry (NAHR) was set up by the British Hip Society (BHS) to monitor the outcome of patients undergoing any non-arthroplasty surgery of the hip.

Aims of the NAHR
The NAHR, which is open to members and non-members of the BHS, aims to benefit both patients and surgeons by collecting longitudinal outcome data on patients with hip pathology, whether or not they undergo non-arthroplasty surgery. From this registry, the patients can know the outcomes of operations on the hip and identify whether they would benefit from a specific surgical technique since results are available in the public domain. Furthermore, orthopaedic surgeons are provided feedback which helps them compare their outcomes against the national average which can be used for the appraisal process. It also helps define which specific groups of patients will benefit from surgery and what details of the operative procedure will lead to a good result. Finally, there is a significant benefit of the Registry to the healthcare commissioners because it provides data on efficacy of each of the procedures in a large population and allows commissioners to decide whether these interventions are cost-effective.

Data collection and reporting
The data for the NAHR can be collected in both paper and electronic forms. A standardized Minimum Dataset (MDS) was defined to simplify the forms in 2014 and MDS version 2.0 is currently in use. The MDS 2.0 includes information sheets, consent forms, patient characteristics, diagnosis, mandatory scoring sheets and forms for surgical details and complications such as venous thrombosis and infection. The analysis of patient shows a skewed distribution towards articular cartilage and soft tissue damage, more specific data such as number and type of labral anchors used, type and length of graft when performed labral reconstruction, and femoral osteotomy fixation method.

Outcomes of surgery for femoroacetabular impingement (FAI) reveal that there was significant improvement in the pre-operative iHOT-12 score at six months (mean iHOT-12 change 32.5 to 58.9, p<0.0001) and 12 months (mean iHOT-12 change 32.7 to 58.2, p<0.0001) post-operatively (Figure 6).

Synopsis of the 5th Annual Report
The number of pathways entered in the NAHR has steadily increased year on year and 2019 again saw an increase in the number entered compared (Figure 1). A total of 12,992 pathways have been entered in the registry between January 2012 and December 2019 and over 100 surgeons had contributed to the registry.

The different types of surgical procedures recorded in the NAHR including core acetabular and femoral procedures, additional surgical procedures and the different combinations of femoral and acetabular osteotomies are shown in Figures 3 to 5.

Patient satisfaction score if desired. Moreover, reoperation and complications such as venous thrombosis and infection can also be entered by clinicians. The surgical information includes, in addition to intra-articular cartilage and soft tissue damage, more specific data such as number and type of labral anchors used, type and length of graft when performed labral reconstruction, and femoral osteotomy fixation method.

Outcomes of surgery for femoroacetabular impingement (FAI) reveal that there was significant improvement in the pre-operative iHOT-12 score at six months (mean iHOT-12 change 32.5 to 58.9, p<0.0001) and 12 months (mean iHOT-12 change 32.7 to 58.2, p<0.0001) post-operatively (Figure 6).
For patients undergoing Periacetabular Osteotomy (PAO) with no concurrent femoral osteotomy there was significant improvement in pre-operative iHOT-12 score at six months (mean iHOT-12 change 29.2 to 57.0, p<0.0001) and 12 months (mean iHOT-12 change 30.0 to 64.5, p<0.0001) post-operatively (Figure 7).

We sincerely hope that the NAHR will improve patient awareness of outcomes of non-arthroplasty hip surgery, help them compare outcomes of different surgical options, identify whether they would benefit from one procedure/surgical technique or another and whether surgery is likely to improve a particular diagnosis at all. For surgeons and hospitals, we hope the positive impact of the registry will be long term; providing feedback to surgeons regarding which patients will most benefit from which surgical procedures (if at all).

Education and research remain at the top of our list of priorities, and we have delivered high quality symposia at our annual national conferences for the last three years, and podium presentations by researchers at the meetings of the International Society of Orthopaedic Surgery and Traumatology, the BOA and the BHS, and the first manuscripts the International Society of Orthopaedic Surgery and the International Hip Outcome Tool (iHOT-12) for use in routine clinical practice. Arthroscopy, The Journal of Arthroscopic & Related Surgery 28 (5):611-618.[9] Bonsel G, Badia X (2011) Development and preliminary testing of the new five-level version of EQ-5D (EQ-5D-5L). Quality of life research 20 (10):1727-1736.[10] Christensen CP, Althausen PL, Mittleman MA, Lee J-a, McCarthy JC (2003) Are you an ESSKA member and carrying out a survey? If yes, then ESSKA offers you the opportunity to post a Request for Survey Participation on our website. Details and guidelines are available on the ESSKA website.
Ramp lesions are quickly gaining in popularity, with an increasing number of articles having been published in the last years and 2020 has been particularly rich with 24 publications. Impact factor of the involved journals vary from 0.5 and 6. 23 out of 24 conclude that meniscal ramp lesions are commonly associated with ACL ruptures but commonly missed. Meniscus ramp repair significantly increases postoperative knee function scores and patient satisfaction following ACL reconstruction (10).

There is only one study that is against the importance of ramp lesions on knee stability. The study by Balazs GC et al. is based on 162 patients who had been operated for primary ACL reconstructions (11). The presence of ramp lesion was recorded, and classified into stable and unstable lesions, according to MRI and arthroscopic criteria. At follow-up, patients with untreated unstable lesions showed similar clinical outcomes when compared to patients without a ramp lesion. Therefore, the authors conclude that treatment of stable ramp lesions at the time of ACL reconstruction does not have any clinical benefit. The conclusions will certainly raise several doubts on the ideal approach to these lesions in the setting of ACL reconstruction. Main flaw of the study is that intraoperative evaluation of ramp lesions was relying on anterior inspection only, since an additional postero-medial approach was not used.

Diagnosis of ramp lesions may be challenging and difficult to validate by MRI alone (8). An early prospective case series by Bollen et al. (3) reported that none of the 11 arthroscopically confirmed ramp lesions could be detected on MRI. The author theorized that MRI identification of ramp lesions was limited due to the knee being in extension at the moment of the study, which closes the posterior meniscocapsular recess. According to these data, it seems crucial that an accurate and direct intraoperative investigation of this specific anatomic area should routinely be performed to confirm MRI findings and potentially enhance surgeon’s ability to diagnose ramp lesions. They cannot be identified and fully evaluated through an isolated anterior arthroscopic visualization of the posterior horn of the meniscal. This is the reason why they were recently called hidden lesions (3). Although some ramp lesions may be anticipated by antero-lateral portal visualization, they must be analyzed by direct inspection of the postero-medial area (7,9). Careful evaluation of ramp lesions includes both a direct visualization with a trans-notch portal visualization, through an accessory postero-medial portal or even a transseptal portal (2) and probing either with a needle or a probe through a postero-medial approach (Figure 2).

According to De Philippo, this strategy combining arthroscopic trans notch portal visualization and postero-medial probing is rarely used among US expert surgeons (5). It allows to identify the size and dynamic behavior of the ramp lesion with the knee in flexion and extension (11). Indeed, analyzing the behavior of the ramp tissue during flexion-extension movements will allow to dedifferentiate stable from unstable ramp lesions (6). For the latter, an abnormal mobility of the ramp tissue with a dehiscence or appearance of a cleft between ramp and the posterior wall of the meniscus may be observed in many cases. This shows that the definition of stable vs. unstable ramp lesions may need to be refined. In particular, the stability of the ramp must not be confounded with the stability of the meniscus.

Moreover, a complete understanding of the lesion and its precise classification is not possible without direct inspection; this may be an additional bias when choosing treatment options and analyzing results. Balazs GC et al. (3) based their definition of ramp lesions on the classification by Thaunat et al. (13) Especially the types 2-5 may lead to a misinterpretation of the ramp lesions and the outcomes of their treatment. Indeed, these patterns do represent both an injury of the meniscosynovial junction and of the meniscal body. The differentiation between these 2 entities was nicely highlighted in the recent anatomic work by DePhilipo et al. (6). If the authors considered ramp lesions being of the Thaunat types 2-5, the meniscal repair procedure implicated the meniscus itself and not its peripheral attachment, corresponding to the zones 1-4 of the Warren classification and not the zone 0 which is the meniscosynovial junction or in other words the meniscotibial attachment by DePhilipo et al. (6). (Figure 2).

As a conclusion of recent studies, it seems to be crucial to give the importance of precise diagnosis of ramp lesions which should not be mainly based on MRI findings (4). Intraoperative direct inspection should be performed routinely to confirm the diagnosis and classify the different tear patterns. Ramp lesions have an important impact on knee biomechanics and the risk of further ACL re-rupture. A recent study which was presented by Mouton et al concluded that patients with an isolated ramp lesion of the medial meniscus in association with an ACL injury displayed a higher amount of dynamic rotational laxity as expressed by the pivot shift test in comparison to patients with isolated ACL injury without ramp lesion (10).

The association between ramp lesions of the medial meniscus, a higher trauma energy and increased pivot shift grading suggest that it is important to diagnose and repair them during ACL reconstruction surgery. It seems therefore vital to attempt to repair these lesions once they have been identified during ACL reconstruction surgery.

REFERENCES:
3D Navigation Model for Diagnosis and Treatment of the Elbow Bony Impingement

**Introduction**

Elbow bony impingement (EBI) is an early sign of primary osteoarthritis and the second most frequent cause of elbow stiffness, after trauma sequelae. Although being rare in general population, it is an important disability factor in athletes and manual laborers if it progresses, it has to be treated surgically having a devastating impact on professional athletes and most demanding group of patients, the decision on the amount of the debridement can be tricky. Under or over-resection usually lead to a treatment failure and a devastating effect on a professional athlete’s career. Thus, a 3D navigation model is a priceless asset in preoperative evaluation and planning. As it can be used as a real-time intraoperative 3D navigation model it presents an indispensable companion during surgery.

**Patients**

The usual mode of presentation is pain and pinching during final flexion and/or extension of the elbow, with flexion and/or extension deficit in ROM. Although in more severe cases it can present as dull aching pain in the elbow during whole motion, depending on the extension of osteoarthritic changes of the joint [3].

Correlation of clinical history and physical examination with a standard plain radiograph of the elbow is usually sufficient to diagnose most cases of EBI (Figure 1) [4]. Although, a CT or MRI imaging is usually needed in cases of professional athletes as it offers additional information, helping to visualize the osteophytes and their relationship to the rest of the joint surfaces [7].

**Method**

Our team has developed and tested a new 3D navigation model as an assistance for diagnosing, preoperative preparations and intraoperative navigational guide. The elbow model is based on a CT images taken prior the surgery. A 3D model is then prepared using a specially developed software. On this model a full ROM is tested and the surface collision areas (“bone-kissing” lesions) are determined. Such 3D model gives an additional information on the extent and exact locations of the osteophytes and the obliteration of the fossa (Figure 2). Based on this image an arthroscopic intervention can be planned. The amount of coronoid and olecranon process’ resection is determined with the use of impingement arcs described by the same group [6]. A full ROM is then retested to determine to amount of fossa hollowing still needed.

The prepared 3D model can be used as a real-time intraoperative navigational guide (Figure 3), helping to determine the exact osteophyte resection and the amount of fossa hollowing, avoiding under- or over-resection. During the procedure three sensors are inserted, one in ulna, one in humerus and one on the motorized shaver. A special mapping procedure is made prior the resecting to map the joint and merge it with a 3D model on the navigation system. Navigation system is then used as a visual control for resection needed to be done. While removing the bone, the red spots on 3D model gradually disappear according to where the bone has already been resected (Figure 4).

**Conclusion**

Arthroscopic debridement of EBI can be a routine procedure in hands of experience surgeon. Although, considering professional athletes and manual laborers as a more demanding group of patients, the decision on the amount of the debridement can be tricky. Under or over-resection can cause the biodynamic changes of the elbow joint, which

**REFERENCES:**

Latest news from the Paediatric ACL Monitoring Initiative (PAMI)

ESSKA organised on October 2nd 2020 the first annual workshop for the Paediatric Anterior Cruciate Ligament Monitoring Initiative (PAMI). The aim of the workshop was to gather PAMI partners as well as interested institutions to discuss the organisational aspects and the future perspectives of the initiative.

The PAMI aims to collect and analyse data from orthopaedic surgeons who are treating children and adolescents with anterior cruciate ligament (ACL) injury using an international data collection system. Through this initiative, the goal is to improve diagnosis, treatment options, surgical techniques and rehabilitation of paediatric ACL injuries. Presented during the ESSKA Congress in 2018, the ESSKA leadership has placed PAMI under the lead of its Basic Science Committee chair by Caroline Mouton since May 2020.

Currently, six partner institutions from Austria, Italy, Luxembourg, The Netherlands, Norway, and Spain are actively enrolling patients. Since the first inclusion in October 2018, 68 children have been recruited with a continuous increase of inclusion within the last months. The first data shows that the chronological age at injury for this population was in average 12 years of age (from 6 to 17 years of age). Most injuries occurred while playing football (38%). At the time of the analysis, 69% were indicated for surgery.

Please be aware that we are still looking for interested partner institutions to join us. If you are an orthopaedic surgeon or a medical doctor treating children and adolescents with ACL injury and are interested in the PAMI, please contact us at pami@esska.org. We will keep you aware of our next workshop and symposium that we hope to be able to organise during the next ESSKA congress.

Detailed information on how to become a PAMI partner is available online on the ESSKA website. ESSKA thanks the following partners:

While several developments were made in the last months to enhance data quality and user’s experience with the PAMI web portal, the preliminary analyses allowed the PAMI steering committee to highlight some technical issues in data consistency, accuracy and completeness. These issues will be specifically targeted within the next months to consolidate the database and provides efficient guidelines to PAMI partners. In 2021, the PAMI managers will also start to provide yearly feedbacks to partner institutions on their data in order to ensure the quality of data and to officially publish the first results of the PAMI.

Next years will be critical for the PAMI. A request to extend the ethical approval of the project as well as financial support is foreseen, which also gives the opportunity to evaluate and strengthen the current initiative. During the workshop, inclusion/exclusion criteria were discussed again as well as the possibility to extend the content of data gathered within the project.

Visibility and a network for female orthopaedic surgeons within ESSKA have been missing in the past. For several years now, the ESSKA Board and its presidents Romain Seil, David Dejour and Jacques Menetrey have begun to work on creating a more diverse environment with more women participating in ESSKA’s committees and sections. In the last four years, the number of women in ESSKA committees and work groups has increased from 6% in 2016 to 9% in 2020. As of now, 8.3% of all ESSKA section board members are women. However, this means that more than 90% of all leadership positions within ESSKA and ESSKA’s section boards are covered by men.

Traditionally, the field of orthopaedic surgery has been male dominated. Literature supports that females care better for their patients and have a stronger standing in their profession when orthopaedic surgeons resemble their patients in gender and ethnicity. When looking at the statistics, the situation is the same worldwide.

New data shows that although men continue to hold a higher proportion of more respected roles within orthopaedic academia, there was a statistically significant increase in the proportion of women presenting at annual meetings of ten different North American orthopaedic societies between 2008 and 2017 (p). This increase is at least partly due to the formation of networks such as the Ruth Jackson Orthopaedic Society (RJOS) Guide for women in orthopaedic surgery. Available at http://rjos.org/. [2] Tuugas C, Valtananen R, Raaja A, Busk JJ (2019) Gender of presenters at orthopaedic meetings reflects gender diversity of society membership. J Orthop 19:212-217

REFERENCES:

Editorial about Women in ESSKA in the December issue of the KSSTA journal

HÅVARD MOKSNES CAROLINE MOUTON LARS ENGBRETSEN ROMAIN SEIL

The PAMI Steering Committee

Women in ESSKA will have its first editorial article in ESSKA’s journal Knee Surgery Sports Traumatology Arthroscopy (KSSTA) in the December issue. I had the honour to write an editorial note about my experience as a woman in the field of orthopaedics and tried to work out a few of the facts and recent literature on the topic. This newsletter article presents a summary of the manuscript.

ESSKA wants to promote educational and research activities of aspiring female orthopaedic surgeons and residents. We want to look into a future in which ESSKA not only stands for cultural diversity throughout Europe but also for gender equality in our profession, with a strong network of women in orthopaedics who will serve as role models for young female medical students and residents.

The complete text can be read here.

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The complete text can be read here.
Affiliated Societies

Over the last year, ESSKA welcomed several new national organisations as Affiliated Societies, the most recent being the first from Belgium. There is now a total of 45.

For the first time in 37 years, the AGA – Society for Arthroscopy and Joint Surgery – had to cancel the annual congress due to Corona pandemic. But at the same time the AGA also decided to go digital and prepare an online event - AGAnywhere!

It all started with a pre-day of the AGA Students hosted by Professor Andreas Imhoff (Munich) and an online Cycling for Joints event led by Dr Martin Volz (Ravensburg).

The programme delivered 12 live TV sessions with 45 experts from Germany, Austria, Switzerland and other European countries, viewed by more than 1,600 online delegates from 27 countries. As the conference is still available online via www.aga.winglet.live, viewers are able to receive 18 CME credits.

Thursday’s focus was Shoulder & Elbow, hosted by Professor Markus Scheibel (Zurich/Berlin). The programme involved the AGA Committees Rotator Cuff and Elbow/Hand. It was completed by the joint SFA/AGA video session.

Friday’s focus was Knee & Hip, hosted by Dr Peter Koch (Winterthur). Two sessions dealing with conservative vs surgical treatment options were followed by a session on stem cells together with the ON Foundation.

Saturday’s focus was Foot & Ankle, hosted by Dr Tomas Buchhorn (Straubing). The programme included one video session on osteoarthritis of the ankle, case presentations on imaging and the international session “AO meets AGA”.

AGA is already looking forward to the next annual congress to take place in Hamburg (Germany), 9-11 September 2021, as onsite event and accompanied by sessions to be streamed and available online. Abstract submissions are welcome!

GOTS publishes a book

The German-speaking Orthopaedic and Traumatologic Society of Sports Medicine (GOTS) organised its 6th GOTS expert meeting from 19-22 September 2019, in Canach, Luxembourg. Under the direction of GOTS President Prof. Romain Seil and Prof. Thomas Tischer, a group of 30 specialists from several countries discussed the status of primary prevention of sports injuries and illnesses. As a result of the meeting, GOTS now is presenting its latest publication entitled “Primärprävention von Sportverletzungen”, that summarises the current research results and recommendations on the subject of prevention. Read more

Digital premiere: GOTS online congress held on 16-18 June 2020 was a great success

Digital premiere: GOTS online congress held on 16-18 June 2020 was a great success

Due to COVID-19, this year’s annual GOTS congress in Berlin had to be cancelled at very short notice.

GOTS therefore mounted a very successful online congress that was also a digital premiere. Congress Chair Wolfgang Petersen and his team managed to present the most important topics, lectures and meetings as a professional interactive live TV format. A total of 7500 Live Center Logins was counted.

A wide range of topics were covered, such as Update Muscle Injury, Sportsmen’s Groin Injury, Arthritis and Sports – what’s possible?, Sports-related Upper Ankle Injuries. Back to Sports After Spine Injuries and Diseases, Update: Corona and Sports, or the International Highlight Session “All about Anee”.

Not only the expert lectures were presented online and interactively, but also the prize-giving ceremony during which the GOTS “Young Investigator Award (YIA) by Bauerfeind”, the Sports Physician of the Year Award, the GOTS research funding and the e-poster prizes were awarded.

GOTS will further develop its digital communication and presentation channels. The annual congress, the numerous important workshops and symposia, however, will be held live again, as nothing can fully substitute direct personal and expert exchange!
SES’s 10th Symposium was hosted online

Due to the COVID-19 Pandemic world turnover, the Shoulder and Elbow Society of Serbia (SES) decided to postpone its annual meeting and hold the 10th Symposium on 30 October 2020 on a web event platform http://ramelakat.webevent.rs/

This was a unique experience since esteemed lecturers and our colleague listeners made a tremendous effort to participate and support this “new normal” in education.

The symposium was divided in two parts, the first about shoulder pathology and the second was dedicated to elbow stiffness and instability. In addition to the local faculty, shoulder posttraumatic stiffness was fully covered by Prof. Nuno Gomes, a dear friend and ESSKA-ESA Vice Chairman. Also, Prof. Denise Eygendaal and Prof. Roger Van Riet enlightened us so much on elbow pathology in such a short time.

Prerecorded lectures and real time discussion have greatly met our education principles for this time.

Regardless, we are optimistic to meet as normal at a live event in May 2021 with the same Faculty in Belgrade, Serbia.

**IMPORTANT DETAILS FOR SUBMISSION:**
- Length: +/-1,200 words
- Images/charts/graphs: must be sent as a high resolution attachment and not copied/pasted into a Word document
- Review process: All submissions will be reviewed by the Newsletter Editors and selected submissions will be published in a subsequent issue.

Send articles or questions to: Graham Woolwine, ESSKA Communications

ESSKA Newsletter Editors

The ESSKA Newsletter regularly includes scientific articles about new techniques, new feelings and original ideas in the orthopaedic field.

We encourage all ESSKA residents, fellows, researchers and orthopaedic surgeons to submit their work for publication.

The format is less formal than for a peer-reviewed journal and originality is very welcome.

WE ARE WAITING FOR YOUR IDEAS AND WORK!

NEW ESSKA MEMBERSHIP BENEFIT

From 1 January 2021, ESSKA members can enjoy a new benefit:
Online subscription to JISAKOS, the journal of our partner-society ISAKOS, at a special price.
Each online subscription is valid from the 1 January to the 31 December of a calendar year.

SUBSCRIBE HERE
Forthcoming Events

ESSKA EVENTS

ESSKA Congress
11-15 May 2021 – Virtual Event

ESSKA Speciality Days
3-4 September 2021 – Warsaw, Poland

PATRONAGE EVENTS

ESSKA OFFERS PATRONAGE FOR COURSES, MEETINGS AND EVENTS THAT WOULD BE OF INTEREST TO ITS MEMBERS. EVENTS THROUGH JULY 2021 WHICH HAVE RECEIVED PATRONAGE INCLUDE THE BELOW.

NOTE: PLEASE CHECK THE EVENTS’ WEBSITES FOR ANY POSSIBLE CANCELLATIONS OR POSTPONEMENTS DUE TO THE CORONAVIRUS PANDEMIC.

The Meniscus News Webinar
30 January 2021 – Virtual event

Das degenerative Kniegelenk – von der Umstellung bis zur Knieprothese
5-6 February 2021 – Innsbruck, Austria

SRATS 2020 Congress
25-27 March 2021 – Bucharest, Romania

17th International Course of Arthroscopic Techniques with Cadaveric Workshop
26-27 March 2021 – Ljubljana, Slovenia

6th International Knee Update
15-17 April 2021 – Davos, Switzerland

IOC Advanced Physician Course
19-21 April 2021 – Budapest, Hungary

8th AEA-SEROD Joint Congress
26-28 May 2021 - Palma de Mallorca, Spain

XIVth Conference of BAAST, Xth International Symposium of BOTA
27-29 May 2021 – Varna, Bulgaria

2nd Child and Adolescent Knee Congress
17-18 June 2021 – Sheffield, United Kingdom

HVA 30th Anniversary Congress - Scope to the Future
17-18 June 2021 – Noordwijk, The Netherlands

35th Annual Congress of GOTS
1-3 July 2021 – Basel, Switzerland

OTHER EVENTS - INTERNATIONAL

6th ICRS Summit
3-5 June 2021 – Miami, Florida, USA

22nd EFORT Annual Congress
30 June – 2 July 2021 – Vienna, Austria

AOSSM–AANA Combined 2021 Annual Meeting
8-11 July 2021 – Nashville, Tennessee, USA

16th ICRS World Congress
23-26 August 2021 – Berlin, Germany

1st SLARD Latino American Meeting of Arthroscopy, Joint Reconstruction and Sports Traumatology
16-19 September 2021 – Panama City, Panama

APKASS Congress
30 September – 2 October 2021 – Pattaya, Thailand

13th Biennial ISAKOS Congress
27 November – 1 December 2021 – Cape Town, South Africa

www.congres-srats.ro
25 - 27 March
3rd Biennial Congress SRATS 2021
Bucharest
20 CME CREDITS
Congress Language
GERMAN

GOTS
36th Annual Meeting
Society for Orthopaedic
Traumatologic Sports Medicine
1 – 3 July 2021
Basel Congress Center
www.gots-kongress.org 
Congress Organiser: Intercongress GmbH

30TH ANNIVERSARY
Nederlandse Vereniging
voor Arthroscopie

30th Anniversary meeting
"Scope to the future"
17 & 18 June 2021
Noordwijk at Sea, The Netherlands
Visit: www.scopie.org
Accr.: 12 points

www.serod.org
www.aeartroscopia.com
ESSKA Membership:
IT’S TIME TO RENEW
Deadline: 31 December 2020

Full Membership benefits* include:
- A monthly copy of, and online access to, the KSSTA journal
- Reduced registration fees for ESSKA’s Biennial Congress and Speciality Days
- Access to premium content on our Continuous Professional Education platform: ESSKA Academy
- Online access to all ESSKA books, a value of more than 2,500 EUR
- 25% reduction on the purchase of hard copies of ESSKA books
- The possibility to promote your survey to the ESSKA community
- Access to various ESSKA educational and fellowship programmes
- Online ESSKA member directory to search for colleagues
- ESSKA newsletter subscription
- The right to vote at the General Meeting, serve on ESSKA committees and apply for section membership.

For any questions about your ESSKA membership, please contact the ESSKA office at membership@esska.org or (+352) 4411-7015

Our membership fees are:

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<th>Membership Type</th>
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PAY FOR TWO YEARS AND SAVE MONEY!

Members of ESSKA’s Affiliated Societies can benefit from annual discounts:
- 20€ discount on the ESSKA Full membership fee
- 10€ discount on Resident membership fee

Contact your society today to get your discount code.

* See the complete list of benefits associated with each membership type on the ESSKA website.